Town of Big Flats

Department of Planning

476 Maple St. PO Box 449 Big Flats, NY 14814 T: 607-562-8443 http://www.bigflatsny.gov



Zoning Application

This application form is required as part of any request to process an action involving the zoning board of appeals that is not related to a proposed site plan or a proposed subdivision. In addition, the Town of Big Flats Municipal Code may require specific material to be submitted with this form. A copy of the applicable sections of the code are available upon request. It is the applicants responsibility to ensure that application package are complete and accurate.

NOTE: THIS FORM IS ONLY REQUIRED FOR A ZONING ACTION NOT ASSOCIATED WITH A PLANNING BOARD ACTION

Applicant:	
Name	FEE SCHEDULE
Address	Area Variance
Telephone	Residential Area: \$250.00 (per relief requested) Non-Residential Area: \$500.00 (per relief requested) Residential Signage: \$250.00 (per relief requested) Non-Residential Signage: \$500.00 (per relief requested)
Owner (If Different):	
Name	Use Variance
Address	All Use Variances: \$1,000.00
Address	Zoning Amendment (Petition Required)
	Up to 5 Acres: \$100.00
Telephone	5 – 25 Acres: \$250.00
Parcel ID:	25+ Acres: \$500.00
Address:	
Current Zoning:	Department Use Only:
Variance(s) Requested:	
Proposed Use(s) of Site:	
Character of Surrounding Lands (agricultural, residen	tial, wetlands, etc.):
Explanation of Request:	

APPLICATIONS WILL NOT BE ACCEPTED WITHOUT SIGNATURE OF LEGAL OWNER OR OFFICIAL AGENT

Check one: ☐ Owner ☐ Power of Attorney* ☐ Contract to Purchase* ☐ Official Agent* ☐ Other: *Attach evidence	I hereby certify that the above information and accompanying documents are truthful ad accurate to the best of my knowledge and acknowledge that the processing of this application may require additional fees and expenses, at my expense, for preparation of necessary environmental, engineering and planning studies.	
	Legal Owner/Official Agent	Date
	Legal Owner/Official Agent	Date
	Applicant (If Different)	Date
Department Use (only)		
Public Hearing:□ Yes Date Advertised:	Date Conducted:	_